

MR

ORIGINAL

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

MAR 12 2014
MAR 12 2014

MP

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

DeAndre Bailey

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Tom Dart

14CV1787
JUDGE HOLDERMAN
MAGISTRATE JUDGE KEYS

Case No: _____
(To be supplied by the Clerk of this Court)



(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

- COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)
- COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)
- OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: DeAndre Bailey
- B. List all aliases: N/A
- C. Prisoner identification number: M32413
- D. Place of present confinement: • Sheridan Correctional Center
- E. Address: 4017 E 2603 RD

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart
Title: Sheriff of cook county
Place of Employment: Cook County Jail
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On the above date 6-6-12 I was in cook county jail Division 1 where I was forced to go over 30 days without a clothing change or even given a second D.O.C outfit like the rest of the inmates. I also went without clean underwear and bed sheets for well over 30 days because, I wasn't allowed to wash my under-wear and sheets on the living unit using sinks. I wasn't able to get my things cleaned until about the second maybe third week of July. On around 6-21-12 I was moved to housing unit D-4, where none of the sinks outside of the cells worked until early August. On around 6-21-12 the shower drain wasn't working, so the shower would be full of raw sewage. On 7-2-12 the sewage started to flow over without the water being ran. On about 7-16-12 the flooding got so bad, the sewage flowed into the dayroom of the housing unit where we eat our meals almost every other day. The sewage brought a lot of bugs and a unbearable smell. The showers were not fixed until about 8-2-12. But once the showers were fixed. They didn't disinfect them for

about a week maybe two. From 6-6-12 until about 10-22-12 I got little to most of the time no cleaning supplies to kill germs that buildup everyday in my cell. I was forced to eat in the same room where me and another man slept and used the toilet without being able to properly clean up. ~~Because~~ Because of living in these deplorable conditions I've experienced extreme anxiety attacks and panic episodes. I've even taken medicine for anxiety as well as reoccurring rashes. My asthma has even taken a turn for the worse.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

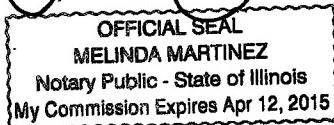
~~Money~~ Money for unreasonable living and for this to never happen again.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

State of Illinois county of LaSalle
Signed before me on this 13 day
of Jan. 2014 by DeAndre Bailey
Notary Public Melinda Martinez



Signed this 13 day of Jan, 20 14

DeAndre D. Bailey
(Signature of plaintiff or plaintiffs)

DeAndre D. Bailey
(Print name)

M32413
(I.D. Number)

4017 E. 2603 RD
Sheridan IL 60551
(Address)

IN THE
United States District Court Northern District of Illinois
Eastern Division

DeAndre Bailey
Plaintiff/Petitioner

Vs.

No. _____

Tom Dart
Defendant/Respondent

PROOF/CERTIFICATE OF SERVICE

TO: U.S. District Court
Northern District of Illinois Eastern Division
219 South Dearborn, 20th floor
Chicago, IL 60604

TO: _____

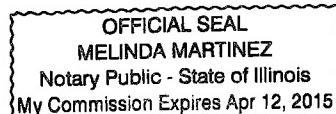
PLEASE TAKE NOTICE that on Jan. 13, 20 14, I placed the attached or enclosed documents in the institutional mail at Sheridan Correctional Center, properly addressed to the parties listed above for mailing through the United States Postal Service

DATED: 1-15-14

is: DeAndre D. Bailey
Name: DeAndre D. Bailey
IDOC#: M32413
Address: Sheridan Correctional Center
4017 East 2603 Road
Sheridan, Illinois 60551

Subscribed and sworn to before me this 15 day of January, 20 14

Chandra Johnson
Notary Public



DETAINEE COPY



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

107-10

APPEAL

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

make
conv

2012X10020

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Baileux

INMATE FIRST NAME (Primer Nombre):

DeAndre

ID Number (# de Identificación):

2010-0929208

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

Detainee alleges shower need repairs.

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Facilities Management

DATE REFERRED:

07/10/12

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Spoke with detainee, work order put in 2012-16969
First one completed 7-2-12

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Hector Lopez

SIGNATURE:

Hector Lopez

DIV./DEPT.

Admin

DATE:

07/18/12

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Hector Lopez

SIGNATURE:

Hector Lopez

DIV./DEPT.

Admin

DATE:

07/18/12

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

X DeAndre DeAndre

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

X 7/24/12

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido:) 7/24/12

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I would like to appeal because the day they said the work order was complete the shower still wasn't fixed until 7-23-12

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Sí)

No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

A second work order was placed.

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)): *Josch Consoli*SIGNATURE (Firma del Administrador o/su Designado(a)): *J. Consoli*

DATE (Fecha): 7/27/12

INMATE SIGNATURE (Firma del Preso): *X DeAndre DeAndre*DATE INMATE RECEIVED APPEAL RESP
(Fecha en que el preso recibió respuesta):

7/30/12



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

D4-1D

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

2012X10020

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT:
 OTHER: *Maitles Amorol*

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Bailey

DetAndre

20150929208

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

1

D-4

7/21/12

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.

* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

I am at D-4 and our shower flooding full of dirty water I can not clean my self under these conditions. The drain has been clogged for the last 2 weeks. Then dry room sinks haven't worked since we've been on this deck I have been on this deck for about 3 weeks now

ACTION THAT YOU ARE REQUESTING (Acción que está solicitado):

I want it fixed so I can take a shower

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

DetAndre

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <i>6 KEND</i>	SIGNATURE: <i>Afficial</i>	DATE CRW/PLATOON COUNSELOR RECEIVED: 07/07/12
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED: / / /



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

! This section is to be completed by Program Services staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Bailey

PRINT - FIRST NAME (Primer Nombre):

DeAndre

ID Number (# de identificación):

20100929208

DIVISION (División):

DATE (Fecha):

1 7/17/12

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- * Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- * Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- * Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

The shower on D-4 has got extremely bad. The shower is flooded with raw sewage coming from the drain that has been clogged for almost a month. There are a lot of bugs flying around and there is a very bad smell coming from the shower.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

DeAndre D. Bailey

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

7/19/12

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

/ / /



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso/Respuesta/Forma de Apelación)

GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

2012 X 12188

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

2010-0929208

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

Inmate alleges lack of laundry services.

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

08/31/12

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Div 1 policy is that no laundry is allowed. Div 1 offers personal clothing to be washed on Tue and Fri, and does a uniform exchange every Friday.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

9/16/12

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

10/1

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

GRIEVANCE SUBJECT CODE: _____

NON-GRIEVANCE SUBJECT CODE: _____

/ /

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido:) _____ / _____ / _____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si) No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)): _____

SIGNATURE (Firma del Administrador o/su Designado(a)): _____

DATE (Fecha): _____ / _____ / _____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación): _____ / _____ / _____



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

 CERMAK HEALTH SERVICES SUPERINTENDENT: DIV. 1 OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

ID Number (# de identificación):

Andre

20100929208

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

D-4

8/2/12

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- * Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- * Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- * Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

Our shower was unclogged on 7-23-12 but we where
without hot water from 7-16-12 until 8-2-12 The
shower is now working again but it still has not
been disinfected from when the bath was clogged
and flooded with the raw sewage

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

I just want anything disinfected to
kill all those germs

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Debra D. Barker

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

Moore

SHB

8/6/12

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1/1